3			-				
		•		Complete if K		/046,131	
WEEK!	RANSI	IATTIN		tion Number		ctober 21, 2001	
JUN 0 2 2006 For FY 2005			Filing D	ate			
			First Na	First Named Inventor		Galanes 2654	
<i>\$\\</i>	v			er Name			
☐ Applicant glaims	s small entity status	s. See 37 CFR 1.2	7 Art Unit			artin Lerner	
TOTAL AMOUNT O	OF PAYMENT	(\$) 1810.00	Attorne	y Docket Numb	per M6	61.12-0393 	
METHOD OF PAYMENT (Check all that apply)							
□ Check ☒ Credit Card □ Money Order □ None □ Other (Please Identify): ☐ Deposit Account - Deposit Account Number: 23-1123 Deposit Account Name: Westman, Champlin and Kelly For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below □ Charge fee(s) indicated below, except for the filing fee ☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments ☐ Under 37 CFR 1.16 and 1.17 ☐ Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING,	SEARCH, AND EX	AMINATION FEE	S				
Application Type	FILING FEES		CH FEES	EXAMINA	ATION FEES	=	
1	Small En Fee (\$) Fee (\$		Small Entity Fee (\$)	<u>Fee</u> (\$)	Small Entir		
Utility	300 150		250	200	100	<u>F</u>	ees Paid (\$)
Design	200 100		50	130	65		
Plant	200 100		150	160	80		
Reissue	300 150		250	600	300		
Provisional	200 100	0	0	0	0		
2. EXCESS CLAIN Fee Description	I FEES					<u>Fe</u>	Small Entity ee (\$) Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							00 100
Multiple dependent claims							60 180
Total Claims	Ext	tra Claims	Fee (\$)	Fee Paid (\$)		<u> </u>	Multiple Dependent Claims
20	- 20 or HP =	0 x	50 =	0		_	ee (\$) Fee Paid (\$) 360 0
Indep. Claims	total claims paid for, if gre	tra Claims	Fee (\$)	Fee Paid (\$)			<u> </u>
3	- 3 or HP =	0 x	200 =	0			
-	independent claims paid	-		-			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 0 - 100 = 0 / 50 = 0 (round up to a whole number) x 250 = 0							
4. OTHER FEE(S) Fee(s) Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount) Other: Extension of time fee RCE 790							
SUBMITTED BY							
Signature	1				ation No. ey/Agent)	36,188	Telephone: 612-334-3222
Name (Print/Type) Steven M. Koehler Date: \$730/0C							
							